

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2011	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE RETIREMENT HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4915 CHARLESTOWN ROAD NEW ALBANY, IN47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on February, 7, 2011.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00087824.</p> <p>Survey dates: March 21, 22, 2011</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Survey team: Donna Groan, RN, TC Avona Connell, RN Gloria Reisert, MSW</p> <p>Census bed type: SNF: 26 NF: 38 SNF/NF: 46 Residential: 03 Total: 113</p> <p>Census payor type: Medicare: 26 Medicaid: 38 Other: 49 Total: 113</p> <p>Sample: 14</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Supplemental sample: 1 Residential sample: 2 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review 3/24/11 by Suzanne Williams, RN This visit was for the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on February, 7, 2011. This visit was in conjunction with the Investigation of Complaint IN00087824. Survey dates: March 21, 22, 2011 Facility number: 001144 Provider number: 155668 AIM number: 200256980 Survey team: Donna Groan, RN, TC Avona Connell, RN Gloria Reisert, MSW Census bed type: SNF: 26 NF: 38 SNF/NF: 46 Residential: 03 Total: 113						

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F0253 SS=B	<p>Based on observation, record review and interview, the facility failed to ensure furniture and fixtures were clean and in good repair during environmental observations on 1 of 2 survey days. The deficient practice affected 3 of 14 rooms on the 300 hall; 1 of 14 rooms on 200 hall; 1 of 12 rooms on the 400 hall, 2 of 9 rooms on the 600 hall, 2 of 9 rooms on the 700 hall; 3 of 13 rooms on the 800, hall; and 3 of 13 rooms on the 900 hall and 1 of 2 restrooms by the Chapel. This deficient practice had the potential to affect 17 residents who occupied those rooms.</p> <p>Findings include:</p> <p>On 03/21/11 between 8:59 a.m. and 9:40 a.m., in the presence of the Director of Nursing and Housekeeping Supervisor the following was observed:</p> <ol style="list-style-type: none"> 1. Room 209--The bed frame was soiled with heavy dust. The dust rolled up when swiped with the fingers. 2. Room 305--The bed frames were soiled with heavy dust. 3. Room 308-- The bed frame was soiled with heavy dust. 			F0253	<p>This plan of correction constitutes Mercy Providence Retirement Home's credible allegation of compliance for all cited deficiencies. Nothing in this plan of correction should be construed as admission by the facility of any violations of state and federal statutes, regulations or standards of care. This plan of correction is to demonstrate compliance of the state and federal requirements cited during recertification survey.1) What corrective action/s will be accomplished for those residents found to have been affected by the deficient practice?The bed frames in room 209, 305, 308, 402, 608, 709, 703, 802, 804, 809, 909, 912 and 913 have been cleaned and dust removed.The overbed light in 608, 703 and 809 have been cleaned and dust removed.The built in shelving in room 607 has been cleaned and dust removed.The caulking at the toilet base has been removed and fresh caulking added and the tiles by the handsink were filled in the women's restroom by the Chapel.2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action/s will be taken.Housekeeping Director/Designee will complete an audit of all bed frames, overbed lights, built in shelving to assure no other areas are</p>		04/15/2011

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	4. Room 402---The bed frames were soiled with heavy dust. One over the bed light was soiled with dust and the cover was loose from the light. 5. Room 607--The built in shelving was soiled with dust. 6. Room 608--The bed frames were soiled with heavy dust. One over the bed light was dusty. 7. Room 709--The bed frame was soiled with heavy dust. 8. Room 703--The bed frame was soiled with dust and one over the bed light was soiled with heavy dust. 9. Room 802--The bed frames was soiled with heavy dust. 10. Room 804--The bed frames were soiled with heavy dust. 11. Room 809--The bed frames and over the bed lights were soiled with heavy dust. 12. Room 909-- The bed frames were soiled with heavy dust. 13. Room 912-- The bed frames were soiled with heavy dust.				affected with heavy dust.Maintenance Director/Designee will complete an audit of all public restroom for stained caulking and chipped tiles to assure no other areas are affected by stained caulking or chipped tile.3) What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?Housekeeping Supervisor from a sister facility will in-service staff on how to clean a room using effective techniques.Executive Director, Maintenance Director and Housekeeping Supervisor will in-service staff on a new cleaning schedule and a daily tool to complete verifying completion of room being cleaned. Beds will be cleaned weekly,built in shelving to be checked daily and overbed lights cleaned daily. The housekeeping supervisor/designee will audit 5% of resident population rooms daily five times a week for one month, then monthly for three months, then quarterly for the remainder of the year for dust to bed frames, over bed lights and built in shelving. Findings will be reported to the QA committee.Housekeeping staff will place a card on vacant rooms to note they must be cleaned thoroughly prior to a new admission.Maintenance Staff will be in-serviced on monitoring for		

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	<p>14. Room 913-- The bed frame was soiled with heavy dust.</p> <p>15. The following was observed in the Women's restroom by the Chapel: The caulking at the toilet base was stained a yellow/brown and tiles to the left of the handsink were chipped in 3 areas at the floor level. Two areas measured approximately 1-inch and one approximately 1/2 inch.</p> <p>16. At 10:00 a.m., on 03/21/11, in interview with the Housekeeping Supervisor she provided copies of the audits related to the cleanliness of the bed frames and over bed lights. Review of the audits indicated they were completed on 03/08 and 03/09/11.</p> <p>This deficiency was cited on 02/07/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(f)</p>				<p>stained caulk and chipped tiles in public restrooms during their preventive maintenance rounds. Maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. 4) How will the corrective action/s be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Housekeeping Supervisor/Designee will audit 5% of resident population rooms daily five times a week for one month, then monthly for three months, then quarterly for the remainder of the year for dust to overbed lights, built in shelving and bed frames. Findings will be reported to the QA committee. Maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee. Executive Director will complete an audit on 5 % of resident population monthly for three months, then quarterly for the remainder of the year for dust to bed frames, overbed lights and built in shelving. Findings to be reported to the QA committee.</p>		

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F9999				F9999	<p>1) What corrective action/s will be accomplished for those residents found to have been affected by the deficient practice? The bed frames in room 209, 305, 308, 402, 608, 709, 703, 802, 804, 808, 909, 912 and 913 have been cleaned and dust removed. The overbed light in 608, 703 and 809 have been cleaned and dust removed. The built in shelving in room 607 has been cleaned and dust removed. The caulking at the toilet base has been removed and fresh caulking added and the tiles by the hand sink were filled in the women's restroom by the Chapel.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action/s will be taken. Housekeeping Director/Designee will complete an audit all all bed frames, overbed lights, built in shelving to assure no other areas are affected with heavy dust. Maintenance Director/Designee will complete an audit of all public restrooms for stained caulking and chipped tiles to assure no other areas are affected by stained caulking or chipped tile.</p> <p>3) What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Housekeeping Supervisor from a sister facility will in-service staff on how to</p>		04/15/2011

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					<p>clean a room using effective techniques. Executive Director, Maintenance Director and Housekeeping Supervisor will in-service staff on a new cleaning schedule and a daily tool to complete verifying completion of room being cleaned. Beds will be cleaned weekly, built in shelving to be checked daily and overbed lights cleaned daily. The housekeeping supervisor/designee will audit 5% of resident population rooms daily five times a week for one month, then monthly for three months, then quarterly for the remainder of the year for dust to bed frames, over bed lights and built in shelving. Findings will be reported to the QA committee. Housekeeping staff will place a card on vacant rooms to note they must be cleaned thoroughly prior to a new admission. Maintenance staff will be in-serviced on monitoring for stained caulk and chipped tiles in public restrooms during their preventive maintenance rounds. Maintenance Staff will be in-serviced on monitoring for stained caulk and chipped tiles in public restrooms during their preventive maintenance rounds. Maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public</p>		

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R0000				R0000	<p>restroom. Findings will be reported to the QA committee.4) How will the corrective action/s be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?Housekeeping Supervisor/Designee will audit 5% of resident population rooms daily five times a week for one month, then monthly for three months, then quarterly for the remainder of the year for dust to overbed lights, built in shelving and bed frames. Findings will be reported to the QA committee.Maintenance Director/Designee will complete an audit monthly for three months, then quarterly for the remainder of the year for stain caulk and chipped tiles in public restrooms. Findings will be reported to the QA committee.Executive Director will complete an audit of 5% of resident population monthly for three months, then quarterly for the remainder of the year for dust to bed frames, overbed lights and built in shelving. Findings to be reported to the QA committee.</p>		

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